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Application No. (if known): 10/024,320

Attorney Docket No.: 09634\000L268-US0

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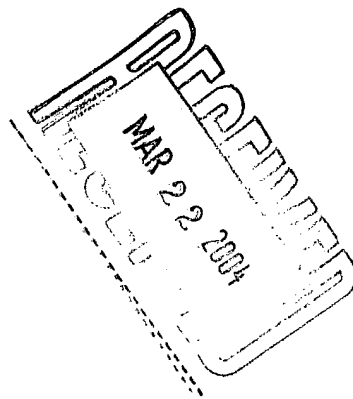
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Atty Docket No.: 09634/000L268-US0

Inventor: Shinichi Tsumori, et al.

Appln: 10/024,320

Filed: Dec. 18, 2001

Title: IP PACKET TRANSMISSION APPARATUS, IP
PACKET TRANSMISSION METHOD, AND
RECORDING MEDIUM HOLDING PROGRAM FOR

Documents:

Request to Withdraw Holding of Abandonment (3 pages)

Exhibits A, B and C (13 pages)

Copy of Information Disclosure Statement filed 12/23/03 (37 pages)

Transmittal Form (1 page)

Via: Express Mail: Airbill No.

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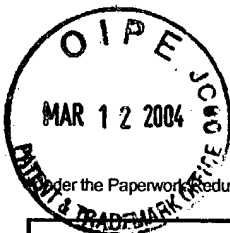
Date: January 6, 2004

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PTO/SB/21 (08-03)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/024,320-Conf. #6688
		Filing Date	December 18, 2001
		First Named Inventor	Shinichi Tsumori
		Art Unit	2661
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	1	Attorney Docket Number	09634/000L268-USO

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
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